| 21502<br>49530   | 24197<br>)                          |              | State of Ne<br>Investi                              |                       | Mo          | tor Ve                          | ehic                 | le A                  | ccid                                      | en       | ıt Re                | port                               |                                      | Shee              | et 1           | of _              | 2            | _             |
|------------------|-------------------------------------|--------------|---|-----------------------|-------------|---------------------------------|----------------------|-----------------------|---|----------|----------------------|------------------------------------|--------------------------------------|-------------------|----------------|-------------------|--------------|---------------|
| 2                | Total Nu<br>of Vehic                |              | Local No./ District 097  Agency Case No.  B5-054224 |                       |             |                                 |                      |                       |   | ı        | HIT & RUN            | 2                                  | INVESTIGATION MADE AT SCENE?  YES NO |                   |                |                   |              |               |
| A/1<br>10<br>A/2 | DATE<br>OF<br>ACCIDENT              |              | 4/2015<br>Lancast                                   |                       |             | S M T                           | W TH                 | F S                   | TIME OF ACCIDE POLICE                     | NT       | (In Mill.            | itary Time)                        | STATE US                             | E ONLY            | ,              |                   |              |               |
| В                | OF ACCIDENT CITY Lincoln            |              |   |                       |             |                                 | NOTIFIED             |                       |   |          | PRIVATE              | 06/19                              | 06/19/2015                           |                   |                |                   |              |               |
|                  | ROAD O                              |              |   | ıo. Garfield          | d/19th-2    | 20th                            |                      |                       |   |          | ONE-WAY<br>STREET?   | VEO NO                             | LATITUDE                             |                   |                |                   |              |               |
| с<br>8           | DISTANCE                            | FROM         | FEET  | N                     | S E V       | OF<br>MILEPOS                   | т                    |                       | HIGH                                      | WAY I    |                      | - <u>A</u>                         | LONGITUE                             | ÞΕ                |                |                   |              |               |
| D 1              |                                     | NAN          | FEET C  |                       | T AT INT    | ERS<br>E                        | , ,                  |                       |   |          |                      | ROSSING                            | 3                                    |                   |                |                   |              |               |
| V1/M<br>20       |                                     |              | IF  | ACCIDENT V            | VAS OUTS    |                                 | 235.00<br>.imits, in | IDICATE               | DISTANCI                                  | E FR     |                      | h St.                              |                                      |                   |                |                   |              |               |
| V2/M<br>20       | MILES                               | R1           | N S E   | M AND MILES  S. PEDES |             | S1 S2                           | S E                  | CIT                   | NEAREST<br>Y OR TOW                       |          | Seb                  | DOES ACCID                         | FNT INVO                             | IVE D             | AMAGE          | TO.               |              |               |
| E<br>2           | R. WORK<br>ZONE<br>CODES            | 1            | N2 N3 N4  |                       |             |                                 |                      |                       | STATE DEPT. OF ROADS' PROPERTY?  YES X NO |          |                      |                                    |                                      |                   |                |                   |              |               |
| F                | DRIVER                              |              |   |                       |             | \                               | /EHICLE              | NO. 1                 |   |          |                      | STATE                              |                                      | SE                |                | FEMALE            |              |               |
| 9<br>V1/N        | DRIVER Parked                       | Unoc         | no.<br>ccupied                                      |                       |             |                                 |                      |                       | PHONE                                     |          |                      | (Of License)                       | LOCAL N                              |                   | <u>^</u> _     | MALE              | -            |               |
| 1<br>V2/N        | DRIVER ADDRE                        | ESS          |   |                       | CITY,       | STATE, ZIP                      |                      |                       |   |          |                      | DATE OF<br>BIRTH<br>(MM / DD / YYY | Y)                                   |                   |                |                   | V1/1         | _             |
| 1<br>G           |                                     |              | SON (02-17-   | 69)                   |             | STATE, ZIP                      |                      | PHONE<br>402-937-3376 |   |          |                      |                                    | LOCAL NO.                            |                   |                |                   | 18<br>V1/2   | _             |
| 2                | OWNER ADDRE                         |              | d #3, Lincoln                                       |                       | CITATION YE |                                 |                      |                       |   | CITATION | NO.                  |                                    |                                      | V1/3              |                |                   |              |               |
| н<br>5           | LICENSE<br>PLATE                    | PA           | NO. TGY557  |                       |             |                                 |                      |                       |   |          | YEAR<br>ate Expires) | 2015                               |                                      | STA'<br>(Of Pl    | late)          | NE                |              |               |
| V1/O             | VEHICLE                             |              | 1990  | Buick                 |             | SKC                             |                      | 4 doc                 | or Seda                                   | an       | white                | E COMPANY                          | STIMATED                             |                   |                |                   | V1/4         |               |
| 1<br>V2/O        | VEHICLE ID<br>NO. (VIN)<br>TOWED TO | 1G           | 4NC54N6LN   | 1058543               | TOWED BY    | •                               |                      |                       |   |          | POLICY NO            |                                    |                                      |                   |                |                   | V1/5<br>- 18 |               |
| 5                | 1011210                             |              |   |                       | TOWED BY    |                                 | /EUIOL F             | - NO 0                |   |          | T OLIOT NO           |                                    |                                      |                   |                |                   | V1/6<br>25   | ٦             |
| 7                | DRIVER                              |              | NO  |                       |             |                                 | /EHICLE              | : NO. 2               |   |          |                      | STATE                              |                                      | SE                | -x -           | FEMALE            |              | ۷             |
| V1/P             | LICENSE NO.  DRIVER                 |              |   |                       |             | PHON                            |                      |                       |   |          | (Of License)         | LOCAL N                            |                                      |                   | MALE           |                   |              |               |
| 8<br>V2/P        | DRIVER ADDRE                        | ESS          |   |                       | CITY,       | STATE, ZIP                      |                      |                       |   |          |                      | DATE OF<br>BIRTH<br>(MM / DD / YYY |                                      |                   |                |                   | V2/1<br>19   |               |
| 8                | OWNER Unknowi                       | า            |   |                       |             |                                 |                      |                       | PHONE                                     |          |                      | [(MM / DD / YYY                    | LOCAL N                              | O.                |                |                   | V2/2         |               |
| 12               | OWNER ADDRE                         |              |   |                       | CITY,       | STATE, ZIP                      |                      |                       |   | C        | TATION PENDI         | YES<br>NG X NO                     | CITATION                             | NO.               |                |                   | V2/3         |               |
| V1/Q<br>3        | LICENSE<br>PLATE                    |              | NO. Unknov  |                       |             | MODEL                           |                      | Inony or              | W.E.                                      |          | YEAR<br>ate Expires) |                                    | CTIMATED                             | (Of PI            | late)          |                   | V2/4         |               |
| V2/Q             | VEHICLE                             | YEAR         |   | MAKE                  |             | MODEL<br>Unknov                 | wn                   | BODY ST               | YLE                                       |          | COLOR                |                                    | STIMATED                             |                   | E              |                   | V2/5         | _             |
| <b>4</b><br>к    | VEHICLE ID<br>NO. (VIN)             |              |   |                       |             | Un                              |                      |                       |   | Unknown  |                      |                                    | 19<br>V2/6                           |                   | _              |                   |              |               |
| 01               | TOWED TO                            |              |   |                       |             |                                 | POLICY NO.           |                       |   |          |                      |                                    |                                      |                   |                |                   |              |               |
|                  |                                     | Comp<br>(Com | olete this so                                       |                       |             | <b>jured pe</b><br>hree were in | ersons<br>njured)    | i                     |   |          |                      | OF BIRTH<br>DD / YYYY)             | Seat<br>Position                     | <b>2</b><br>Eject | Body<br>Region | Injury<br>Sev. Tr | ans. SE      | <b>X</b><br>F |
| VEH. #           | NAME                                |              |   | AD                    | DRESS       |                                 |                      |                       |   |          |                      |                                    |                                      |                   |                |                   |              |               |
|                  | LOCAL NO. MEDICAL FACILITY NAME     |              |   |                       |             |                                 | EMS S                | EMS SERVICE NAME      |   |          |                      |                                    | EMS RU                               | N REPO            | ORT NO.        |                   | '            |               |
| VEH. #           | NAME                                |              | 1   | AD                    | DRESS       |                                 |                      |                       |   |          |                      |                                    |                                      |                   |                |                   |              | _             |
|                  | LOCAL NO.                           |              | MEDICAL FACILITY                                    | NAME                  |             |                                 | EMS S                | ERVICE NAM            | /IE                                       | 1        |                      |                                    | EMS RU                               | N REPO            | DRT NO.        |                   |              | _             |
| VEH. #           | NAME                                |              | 1   | AD                    | DRESS       |                                 |                      |                       |   |          |                      |                                    |                                      |                   |                |                   |              | _             |
|                  | LOCAL NO.                           |              | MEDICAL FACILITY                                    | NAME                  |             |                                 | EMS S                | EMS SERVICE NAME      |   |          |                      | EMS RU                             | EMS RUN REPORT NO.                   |                   |                |                   | _            |               |

|   |   | THE FC                            | DLLOWIN   | G INFORI        | MATIO                | N IS REQUIRED FO  | OR ALL ACCIDEN  | TS                        |   |                              |  |  |
|---|---|-----------------------------------|---|-----------------|----------------------|---|---|---------------------------|---|------------------------------|--|--|
|   |   | *                                 |   |                 |                      | BY DIAGRAM WHAT HAP   | PENED AGE   | NCY CASE<br>5-05422       |   |                              |  |  |
| $ (\ ) $  | •   |                                   |   |                 |                      |   |   | , 00                      | · <del>·</del>  |                              |  |  |
| Indicate<br>North<br>by Arrow                                     |   |                                   |   |                 |                      |   |   |                           | ·   |                              |  |  |
|   |   |                                   |   |                 |                      |   | <b>Z</b>  |                           |   |                              |  |  |
| ·   |   |                                   |   |                 |                      |   |   |                           |   |                              |  |  |
|   |   | 6' North of th                    | of the West cu<br>20th<br>e South curb o<br>arfield |                 |                      |   |   |                           |   | ·                            |  |  |
|   |   |                                   |   | Carfield        |                      | J   |   | T 001                     |   | ·                            |  |  |
| . +   |   | o 19th                            |   | Garfield        |                      |   |   | To 20t                    | h   | · ·                          |  |  |
|   |   |                                   |   |                 |                      | 80;   | /   |                           |   |                              |  |  |
|   |   |                                   |   |                 |                      | X.  |   |                           |   |                              |  |  |
|   |   | _                                 |   |                 |                      |   |   |                           |   |                              |  |  |
|   |   |                                   |   |                 |                      |   |   |                           |   |                              |  |  |
|   |   |                                   | DESCRIP   |                 |                      | n to Scale/Measurements Ap  |   |                           |   | ·                            |  |  |
| Humber io.  | WILL VI DUCTO                             | Has been and                      | DIE 10 COTTAC                                       | anyono a        | liie prio            | ne number left on the car   | u. It is unknown now c  | IUIII Wiia                | tulieutori v .  | Was sirum.                   |  |  |
| OBJECT DAMA   | GED                                       | OWNER NAME                        |   |                 | ADDRESS              |   | PHONE   |                           |   | OST OF DAMAGE                |  |  |
| OBJECT DAMA   | GED                                       | OWNER NAME                        |   |                 | ADDRESS              |   | PHONE   | \$ APPROX. COST OF DAMAGE |   |                              |  |  |
|   |   |                                   |   |                 |                      |   | -   |                           | \$  |                              |  |  |
| NAME  |   |                                   |   |                 | ADDRESS              |   |   |                           | PHONE   |                              |  |  |
| NAME<br>NAME  |   |                                   |   |                 | ADDRESS              |   |   |                           | PHONE   |                              |  |  |
| VEHICLE   | MOVEMENT                                  | l F                               | POINT OF IMP  | PACT AND        |                      | AIRBAG DEPLOYED   | RESTRAINT USE   | Тто                       | TAL VEH   | O VEH O                      |  |  |
| VEH NI O F W  | ROAD OR                                   | N                                 | OST DAMAC<br>er numbers fo                          | GED AREA        | le)                  | VEHICLE 1   | VEHICLE 1   | occu                      | PANTS 1   | 0 2 0                        |  |  |
| 1 X   | Garfield                                  | VEHIC                             |   | VEHICLE         |                      | -   |   | ALCC                      | ING No. 1   | Driver Pedes-<br>No. 2 trian |  |  |
| 2   | Garfield                                  | POINT OF                          |   | POINT OF        |                      |   | 1 None used - vehicle occupa  | ALCO<br>LEV<br>nt TEST    | EL H  | Y Y N X N                    |  |  |
|   |   | IMPACT<br>MOST                    |   | IMPACT MOST     |                      | <ul><li>1 Deployed - front</li><li>2 Deployed - side</li><li>3 Deployed - both front/side</li></ul> | 2 Lap & shoulder belt used 3 Shoulder belt only used                          | BAC LI                    |   | IN A IN                      |  |  |
|   | 06 Turning left<br>07 Making U-tur        | n DAMAGED<br>AREA                 | 80  | DAMAGED<br>AREA |                      | 4 Not deployed 5 Not applicable/  | 4 Lap belt only used<br>5 Child safety seat used<br>6 Child booster seat used |                           | .COHOL/   | Driver<br>No. 1 No. 2        |  |  |
| 2 13<br>01 Essentially  | 08 Entering<br>traffic lane<br>09 Leaving | 00 None                           | 02  | 03              | 04                   | No airbag available 6 Unknown   | 7 DOT approved helmet used 8 Costume helmet used                              |                           | DRUGS<br>SUSPECTED 5  |                              |  |  |
| straight ahead  |   | 09 Top & w<br>10 Underca          |   | $\overline{}$   | 05                   | VEHICLE 2   | 9 Restraint use unknown VEHICLE 2   |                           | ther alcohol nor of alcohol suspec                                  | • .                          |  |  |
| 03 Changing lane<br>04 Overtaking/<br>Passing<br>05 Turning right |   | affic 12 Other                    | I areas)  | 07              | 7 06 -               |   |   |                           | 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown |                              |  |  |
| OFFICER NO. 1663  | To Common to                              | TROOP/<br>TEAM/<br>BEAT <b>NE</b> |   | DEPARTM         | oln Police Departmer | nt  |   | Photograph taken?         | ns X YES  |                              |  |  |
| INVESTIGATOR N  | AME (Print or Type)                       |                                   |   | INVESTIGAT      | OR SIGNA             | TURE  | DATE OF   |                           |   |                              |  |  |
| Aaron Be  | rgren                                     |                                   |   | Appro           | ved by               | Officer Aaron Bergr   | REPORT 06/19/2015   |                           |   |                              |  |  |